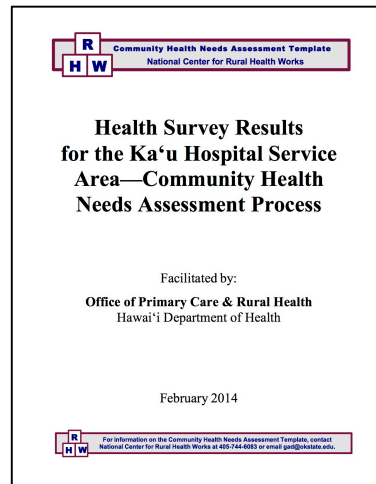
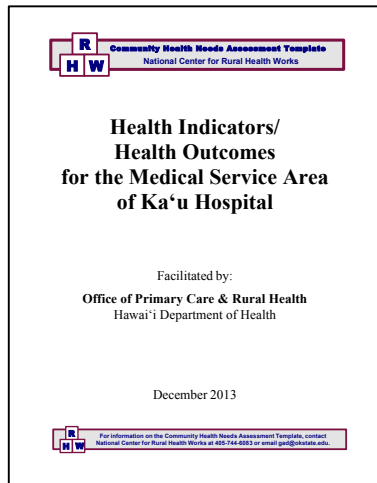
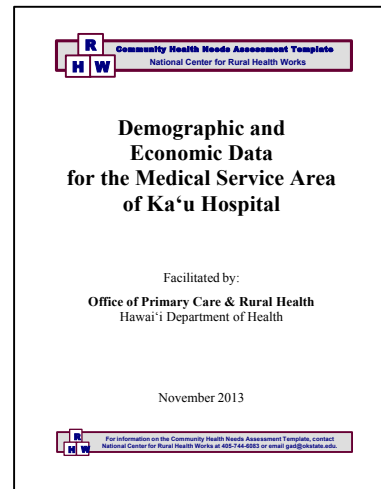
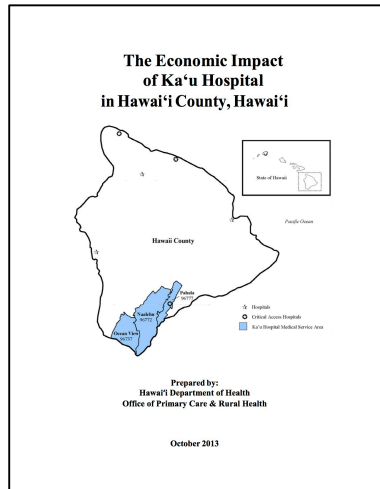


Ka'u Hospital Community Health Needs Assessment Summary and Implementation Strategy



June 2013

Ka'u Hospital Community Health Needs Assessment Summary and Implementation Strategy

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Hawaii State Department of Health
State Office of Primary Care & Rural Health

June 2014

**Ka‘u Hospital
Community Health Needs Assessment
Summary and Implementation Strategy**

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Introduction

New requirements for nonprofit, 501(c)(3), hospitals were enacted under the Patient Protection and Affordable Care Act (ACA), passed on March 23, 2010. One of the most significant of the new requirements is the Community Health Needs Assessment (CHNA) that must be conducted during taxable years after March 23, 2012 and is submitted with IRS form 990. A CHNA must be completed every three years for hospitals falling under these requirements.

While Ka'u Hospital is exempt from these requirements, the general goal behind the requirement is to gather the community input that leads to recommendations on how the local hospital can better meet and serve residents' needs, a goal that Ka'u Hospital supports. The community input is typically derived from a community survey and a series of open meetings. Local health data are presented. Community members then identify and prioritize their top health needs.

After receiving the community's input, the hospital defines an implementation strategy for their specific facility. The implementation strategy is a written plan that addresses each of the health needs identified in the community meetings. The implementation strategy will:

- Describe how the hospital facility plans to meet the identified health needs, or
- Explain why the hospital cannot meet the health need.

After the needs are identified that the hospital can address, the implementation strategy will take into account specific programs, resources, and priorities for that particular facility. This can include existing programs, new programs, or intended collaboration with governmental nonprofit or other health care entities within the community.

Overview of Process

Ka‘u Hospital undertook a CHNA during the last part of 2013 and early part of 2014. The process included creating a CHNA advisory committee consisting of community members representing all segments of the community (race, demographics, occupations, etc.). The process was facilitated by personnel from the Hawaii State Department of Health, State Office of Primary Care & Rural Health. The advisory committee met four times to receive input relative to their medical service area. At these meetings, the committee received and discussed four reports:

Report #1: The Economic Impact of Ka‘u Hospital

Report #2: Demographic and Economic Data

Report #3: Health Indicators/Health Outcomes Data

Report #4: Health Survey Results

At all the meetings, and especially Meetings #3 and #4, the advisory committee discussed the community’s health needs. The advisory committee also conducted a survey and received completed surveys from 211 households. At Meeting #4, the advisory committee identified the most critical community health issues and specified actions to address them.

The participants, facilitators, and medical service area will be identified in the next section. A review of each of the four meetings will be presented. Then the community health needs identified by the advisory committee will be presented with their top priorities. Copies of the report are available at the Ka‘u Hospital.

Participants, Facilitators, and Medical Service Areas

Every effort was made to have all segments (race, demographics, occupations, etc.) of the medical service area represented in the CHNA process. Community members that participated in the process, as well as the segment (and sometimes more than one segment) of the community represented, are listed in **Table 1**. For example, a hospital board member may also be a Native Hawaiian. Every effort was made to identify the segments each person represented. The facilitators are presented in **Table 2**.

The Ka‘u Hospital medical service area (MSA) is depicted in **Figure 1**. The MSA includes the four zip codes of 96718, 96737, 96772 and 96777. Most of the residents in this area will seek services from Ka‘u Hospital and Ka‘u physicians. The MSA follows zip code boundaries because of data availability.

Table 1
Ka‘u Hospital Community Health Needs Assessment Advisory Committee Representation

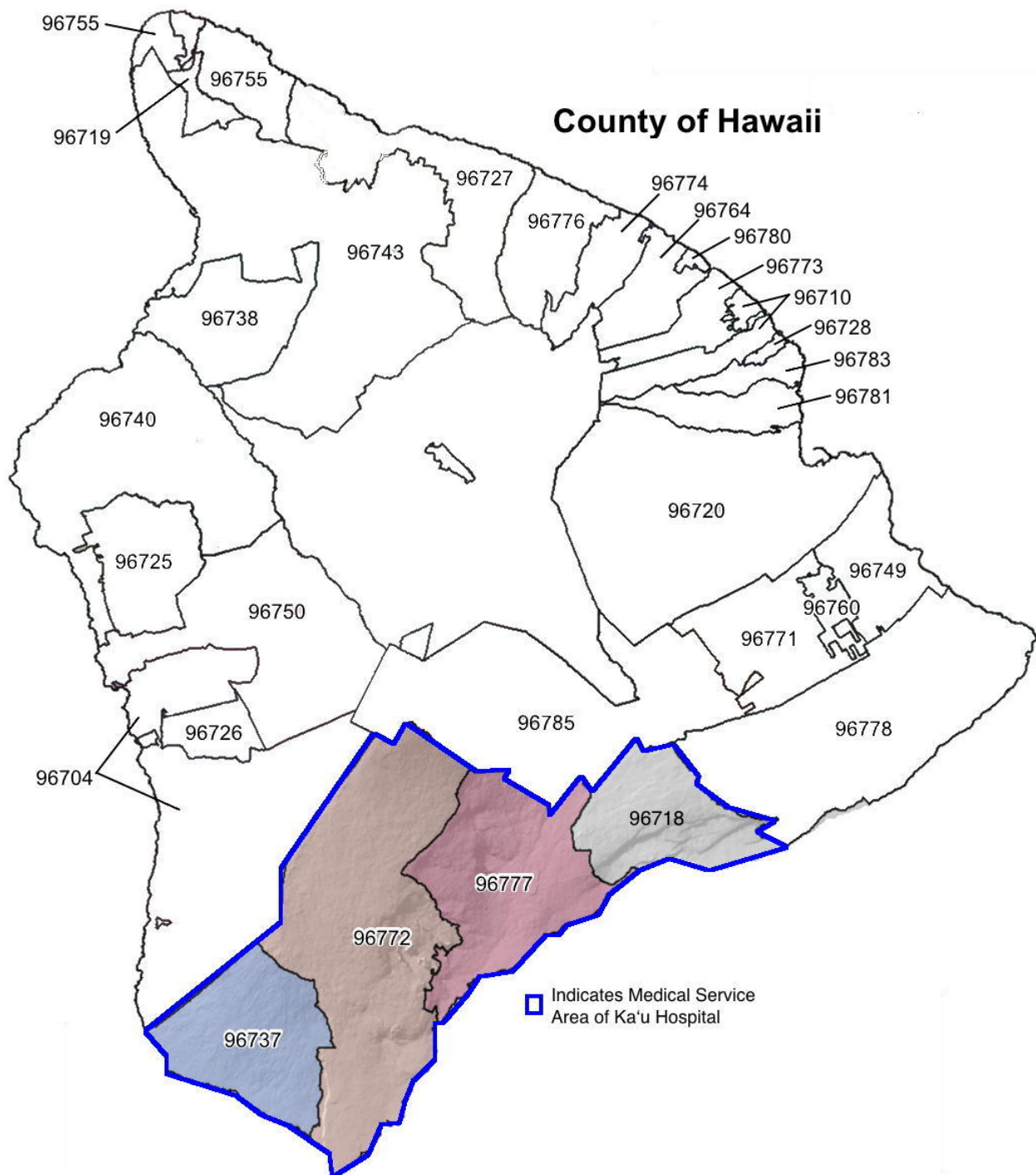
Member	Segment(s) Represented
1.	Elderly/Community (Alice Yonemitsu)
2.	Elderly/Community (Iwao Yonemitsu)
3.	Health Connectors Hawaii/Ka‘u Rural Health Clinic (Donna Kekoa)
4.	Hospice of Hilo (Ruth Tonissen)
5.	Hui Malama (Keamalu Waltjen)
6.	Ka‘u Rural Health Community Association/Executive Director (Jessie Marques)
7.	Ka‘u Calendar (Julia Neal)
8.	Ka‘u Hospital Staff/Administrator (Merilyn Harris)
9.	Ka‘u Hospital Staff/Director of Nursing/Native Hawaiian (Nona Wilson)
10.	Ka‘u Hospital Charitable Foundation/O Ka‘u Kakou (Ron Ebert)
11.	Ka‘u Hospital Charitable Foundation/O Ka‘u Kakou (Ursula D’angelo)
12.	Ka‘u Hospital Charitable Foundation/O Ka‘u Kakou (Wayne Kawachi)
13.	Ka‘u Hospital Charitable Foundation/O Ka‘u Kakou (Myra Jean Sumida)
14.	Ka‘u Hospital Charitable Foundation/O Ka‘u Kakou (Yisrael Gorali)
15.	Department of Health Public Nursing (Martha Yamada)
16.	Department of Health Public Nursing (Sharon Smith)
17.	Pahala High and Elementary School Principal (Sharon Beck)
18.	Pahala Quilt Shop (Donna Masaniai)
19.	Pahala Seniors Center (Julie Pasquale)
20.	Paradise Home Care (Jody Adams)
21.	Red Hats/Ka Lae Quilters (Nadine Ebert)
22.	United Health Care (Alton Grant)
23.	Microneasian Congregation (Walter Lanui)
24.	West Hawaii Home Care (Dee Ono)
25.	West Hawaii Home Care (Ken Ono)

Table 2
Ka‘u Hospital Community Health Needs Assessment Facilitators

R. Scott Daniels, Performance Improvement/Flex Coordinator
Email: scott.daniels@doh.hawaii.gov
Phone: 808-961-9460
and
Gregg Kishaba, Rural Health Coordinator
Email: gregg.kishaba@doh.hawaii.gov
Phone: 808-586-5446

Hawaii State Department of Health
State Office of Primary Care & Rural Health

Figure 1
Ka'u Hospital Medical Service Area



About Ka‘u Hospital

Ka‘u Hospital was built by the State of Hawaii Department of Health Division of Community Hospitals in 1971, replacing the old plantation hospital in Pahala owned by the C. Brewer Company. It remains the only hospital in an area the size of Oahu. In 1997 when Hawaii Health Systems Corporation (HHSC) was formed it became one of the HHSC facilities.

In 2001, Ka‘u Hospital achieved critical access hospital (CAH) status. This is a federal designation given to small rural hospitals that provide essential emergency and acute services in remote areas to assist them with the financial challenges associated with their size and isolation. There are 9 CAHs in Hawaii. All are HHSC facilities except for Molokai General Hospital.

The district of Ka‘u is considered a medically underserved area. In 2003 Ka‘u Hospital added a Medicare certified Rural Health Clinic on campus to improve access to primary care. That care is supported by the hospital’s in house laboratory (provided by Clinical Laboratories of Hawaii) and x-ray services. There are no other providers of lab or x-ray in the district.

Ka‘u Hospital has a full time emergency department in addition to five beds for inpatient medical and rehabilitation care, plus sixteen beds for long-term care residents. An adult day health program is also offered, as well as end of life care in collaboration with Hospice of Hilo.

The staff at Ka‘u Hospital are a unique blend of highly skilled and motivated people who feel a strong commitment to their community. The community has reciprocated that commitment through vigorous fundraising that has enabled the hospital to purchase of host of medical equipment that has upgraded the capacity of the hospital to care for critically sick and injured patients.

As part of the State Trauma system, Ka‘u Hospital is considered a Trauma support facility.

Ka‘u Hospital is part of the East Hawaii Region of HHSC and is integrated with Hilo Medical Center.

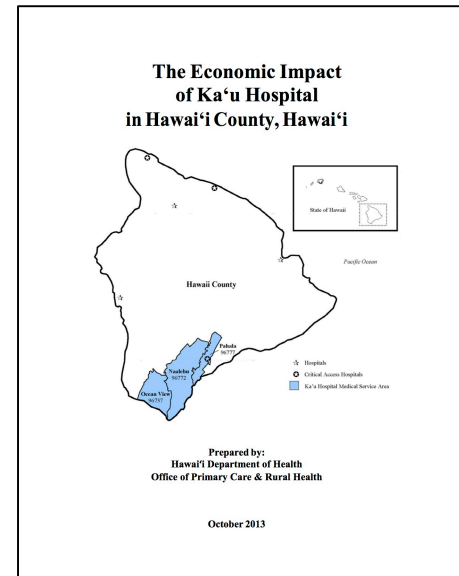
Community Input Summary

The CHNA advisory committee met four times. At each meeting the committee was given data and discussed the presented data. The reported data and discussion highlights will be presented by meeting.

Community Input Meeting #1

The agenda for Meeting #1 is presented in **Table 3**. Since it was the first meeting of the advisory committee, a presentation of the complete CHNA was presented and discussed. The responsibilities of the advisory committee were clearly identified. In addition to this discussion, **Report #1**, the economic impact of Ka‘u Hospital, was presented.

The economic impact of Ka‘u Hospital on the medical service area (MSA) economy is measured by employment, payroll, and construction activities. Ka‘u Hospital provided the direct economic activity data presented in **Table 4**. For 2012, the total full-time, part-time, and contract employment was 61 with wages, salaries, and benefits and contract labor costs of \$5.5 million. Wages, salaries, and benefits and contract labor costs (and/or proprietor income, when applicable) will be referred to as “income” throughout the rest of the study.



Ka‘u Hospital had construction activities of \$1.9 million in 2011, \$350,000 in 2012, and \$2.2 million in 2013. Based on the 2013 construction activity of \$2.2 million, IMPLAN data were utilized to estimate the construction employment and construction income. Employment was estimated to be eighteen construction employees with construction income of \$1.8 million. The average annual salary from construction activities is estimated at \$65,463. These data reflect the direct economic activities of Ka‘u Hospital.

Many rural communities have a large number of elderly, and the ranchers and farmers often retire in the towns. Thus, hospital facilities are an important component of the health sector. In summary, Ka‘u Hospital is vitally important as a community employer and important to the community's economy. The hospital employs a large number of residents. The hospital and the employees in the hospital purchase a large amount of goods and services from businesses in the MSA. These impacts are referred to as secondary impacts or benefits to the economy. Employment and income multipliers for the area have been calculated using the IMPLAN model. The model was developed by the U.S. Forest Service and allows for development of zip code area multipliers. Multipliers generated from the IMPLAN software and data will be utilized to illustrate the secondary impacts.

Table 3
Ka‘u Hospital Agenda for Community Meeting #1
Wednesday, October 16, 2013 at 12 pm

-
- I. Introductions – Marilyn Harris, Administrator, Ka‘u Hospital, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
 - II. Overview of Community Health Needs Assessment Process – Scott Daniels
 - III. Ka‘u Hospital Services/Community Benefits – Marilyn Harris
 - IV. Economic Impact of Ka‘u Hospital – Scott Daniels
 - V. Review Community Health Survey Questionnaire – Gregg Kishaba
 - VI. Next Steps
 - Meeting #2, 12 pm, November 20
 - Meeting #3, 12 pm, December 18
 - Meeting #4, 12 pm, January 16
-

Table 4
Direct Economic Activities
of Ka‘u Hospital, Hawai‘i County, Hawai‘i

Operations	
2012 Operations Employment	61
2012 Income	\$5,554,896
Construction	
2011	\$1,870,206
2012	\$350,191
2013	\$2,248,593
Estimated 2013 Construction Employment	18
Estimated 2013 Construction Income	\$1,178,332

Ka‘u Hospital creates employment through operations and construction activities. The employment multiplier for the hospital operations component is 1.34 (**Table 5**). This indicates that for each job created in that sector, a 0.34 of a job is created throughout the area due to business (indirect) and household (induced) spending. Applying the employment multiplier to the hospital employment of 61 yields an estimate of the hospital’s employment impact on the MSA. ***Ka‘u Hospital has a total employment impact of 82 employees from operations in 2012*** ($61 \times 1.34 = 82$). The secondary impact of Ka‘u Hospital is 21 employees ($61 \times 0.34 = 21$); these are the jobs created in other industry sectors in the economy of the MSA as a result of the spending of Ka‘u Hospital and the spending of the hospital employees.

The 2013 construction activities resulted in an estimated 18 jobs. These construction jobs worked directly on hospital construction activities. These construction companies and construction workers also have secondary impacts that are measured by multipliers. The construction employment multiplier for the MSA is 1.29. Thus, five secondary jobs are created in other businesses due to construction activities of Ka‘u Hospital. ***Total jobs created by hospital construction activities are twenty-three. In 2013, combined operations and construction activities of Ka‘u Hospital generated 105 jobs in the MSA economy.***

Data on the income impact of Ka‘u Hospital are presented in **Table 6**. Ka‘u Hospital reported income from operations of \$5.6 million in 2012. Using the hospital income multiplier of 1.2, Ka‘u Hospital generated secondary income in other businesses of \$1.1 million. ***In 2012, the total income impact of Ka‘u Hospital from operations was \$6.7 million on the economy of the medical service area.***

Income generated directly by construction workers engaged in hospital construction activities is estimated at \$1.2 million. Applying the construction income multiplier of 1.16, hospital construction activities were estimated to generate \$188,533 in income in other businesses. ***In 2012, Ka‘u Hospital generated a total income impact from hospital construction activities of \$1.4 million in the MSA economy. In 2012, combined operations and construction activities of Ka‘u Hospital generated \$8.0 million in income impact on the MSA economy.***

Table 5
Total Employment Impact
of Ka'u Hospital in Hawai'i County, Hawai'i

Health Care Component	Number of Employees	Multiplier	Secondary Impact	Total Impact
From Operations	61	1.34	21	82
From Construction	18	1.29	5	23
<u>Totals</u>	<u>79</u>	-	<u>26</u>	<u>105</u>

SOURCE: Local employment data and construction data provided by Ka'u Hospital; employment multipliers from IMPLAN and construction employment derived from IMPLAN data, Minnesota IMPLAN Group, Inc.

Table 6
Total Income Impact
of Ka'u Hospital in Hawai'i County, Hawai'i

Health Care Component	Direct Income	Multiplier	Secondary Impact	Total Impact
From Operations	\$5,554,896	1.2	\$1,110,979	\$6,665,875
From Construction	\$1,178,332	1.16	\$188,533	\$1,366,865
<u>Totals</u>	<u>\$6,733,228</u>		<u>\$1,299,512</u>	<u>\$8,032,740</u>

SOURCE: Local employment data and construction data provided by Ka'u Hospital; employment multipliers from IMPLAN and construction employment derived from IMPLAN data, Minnesota IMPLAN Group, Inc.

Community Input Meeting #2

The agenda for Meeting #2 is presented in **Table 7. Report #2**, the demographic and economic data report, was presented and discussed. The data of most interest was demographics by race and ethnic groups and by age. The past and future trends were discussed. It should be noted that in the 2010 Census, statistics were not provided for the 96718 zip code tabulation area (ZCTA).

The complete data and information report consisted of eleven tables of economic and demographic data. The tables most discussed are presented in this report. Data on **Table 8** reflect population by age for 2000 and 2010 (U.S. Census data). The MSA population increased 50.7%. The number of elderly 65+ grew 48.0%.

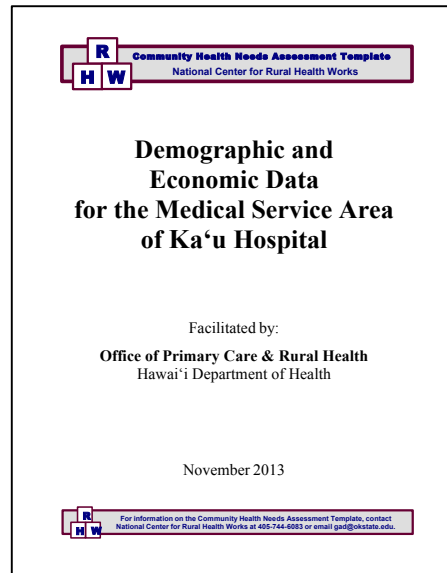


Table 7
Ka'u Hospital Agenda for Community Meeting #2
Wednesday, November 20, 2013 at 12 pm

-
- I.** Introductions – Merilyn Harris, Administrator, Ka'u Hospital, and Scott Daniels, Hawaii State Department of Health, Office of Primary Care and Rural Health
 - II.** Review of Community Meeting #1 – Scott Daniels
 - III.** Demographic and Economic Data Study – Scott Daniels
 - IV.** Ka'u Hospital Community Health Survey Questionnaire – Gregg Kishaba, Hawaii State Department of Health, Office of Primary Care and Rural Health
 - a. Community Advisory Committee completes questionnaire and turns in at end of meeting
 - b. Community Advisory Committee takes 5 to 6 surveys for local residents to complete
 - c. Completed survey questionnaires must be returned at Meeting #3 on December 18
 - V.** Next Steps
 - Meeting #3, 12 pm, December 18
 - Meeting #4, 12 pm, January 16
-

Table 8
US Census Bureau Population by Zip Code Tabulation Areas by Age Groups and Gender
for the Medical Service Area (MSA) of Ka'u Hospital

Zip Code	Zip Code Area	Age Groups								
		0-14	15-19	20-24	25-44	45-64	65+	Totals	Male	Female
2000 Census										
96718	Volcanoes National Park	7	1	0	12	9	0	29	15	14
96737	Ocean View	418	136	60	538	694	266	2,112	1,123	989
96772	Naʻalehu	431	167	80	422	533	297	1,930	991	939
96777	Pahala	284	155	94	306	355	272	1,466	738	728
2000 Census Totals		1,140	459	234	1,278	1,591	835	5,537	2,867	2,670
2000 % of Total		20.6%	8.3%	4.2%	23.1%	28.7%	15.1%	100.0%	51.8%	48.2%
2010 Census										
96718	Volcanoes National Park	NA	NA	NA	NA	NA	NA	NA	NA	NA
96737	Ocean View	943	274	170	942	1,682	541	4,552	2,369	2,183
96772	Naʻalehu	447	120	102	450	764	421	2,304	1,192	1,112
96777	Pahala	276	98	94	292	455	274	1,489	746	733
2010 Census Totals		1,666	492	366	1,684	2,901	1,236	8,345	4,307	4,028
2010 % of Total		20.0%	5.9%	4.4%	20.2%	34.8%	14.8%	100.0%	51.6%	48.3%
Percent Change										
From 2000 to 2010		46.1%	7.2%	56.4%	31.8%	82.3%	48.0%	50.7%	50.2%	50.9%

SOURCE: 2000 and 2010 census populations by zip code tabulation areas, U. S. Census Bureau (www.census.gov [November 2013]).

Table 9
US Census Bureau Population by Zip Code Tabulation Areas by Race and Ethnic Groups
for the Medical Service Area (MSA) of Ka'u Hospital

Zip Code	Zip Code Area	White	Black	American Indian & Alaska Native	Asian	Hawaiian & Pacific Islander	Some Other Race	Two or More Races	Totals	Hispanic Origin
2000 Census										
96718	Volcanoes NP	13	2	0	6	1	0	7	29	10
96737	Ocean View	1,184	27	25	134	239	46	457	2,112	192
96772	Na'alehu	527	17	8	549	256	14	559	1,930	101
96777	Pahala	166	3	1	671	155	7	463	1,466	87
2000 Census Totals		<u>1,890</u>	<u>49</u>	<u>34</u>	<u>1,360</u>	<u>651</u>	<u>67</u>	<u>1,486</u>	<u>5,537</u>	<u>390</u>
2000 % of Total		34.1%	0.9%	0.6%	24.6%	11.8%	1.2%	26.8%	100.0%	7.0%
2010 Census										
96718	Volcanoes NP	NA	NA	NA	NA	NA	NA	NA	NA	NA
96737	Ocean View	2,195	32	44	272	918	97	994	4,552	479
96772	Na'alehu	784	10	5	524	277	25	679	2,304	197
96777	Pahala	222	10	3	591	120	1	532	1,479	152
2010 Census Totals		<u>3,201</u>	<u>52</u>	<u>52</u>	<u>1,387</u>	<u>1,315</u>	<u>123</u>	<u>2,205</u>	<u>8,335</u>	<u>828</u>
2010 % of Total		38.4%	0.6%	0.6%	16.6%	15.8%	1.5%	26.5%	100.0%	9.9%
Percent Change										
From 2000 to 2010		69.4%	6.1%	52.9%	2.0%	102.0%	83.6%	48.4%	50.5%	112.3%

SOURCE: 2000 and 2010 census populations by zip code tabulation areas, U. S. Census Bureau (www.census.gov [November 2013]).

1 Two or more races indicates a person is included in more than one race group; it was introduced as a new category in the 2000 Census.

2 Hispanic population is not a race but rather a description of ethnic origin; Hispanics are included in all the race groups.

Data in **Table 9** reflect race and ethnic data from 2000 and 2010. From 2000 to 2010, the largest change in race was in the Hawaiian/Pacific Islander group with an increase of 102.0%, followed by the “some other race” group with an 83.6% increase and the White race group with a 69.4% increase. The Hispanic origin ethnic group reflected a 112.3% increase from 2000 to 2010.

Community Input Meeting #3

The agenda for Meeting #3 is presented in **Table 10**. The health indicators/health outcomes report, **Report #3**, was presented and discussed. The complete report contains 37 tables of health indicators/health outcomes data. The tables that received the most attention were **Tables 11** and **12**. The Puna/Ka‘u region is larger than the Ka‘u MSA, but have similar populations and issues. The items that received the most attention were tobacco use, general physical health, diabetes, oral health, and prenatal care. After a detailed discussion of all health indicators/health outcomes data, the advisory committee members listed their concerns. There are listed in **Table 13**.

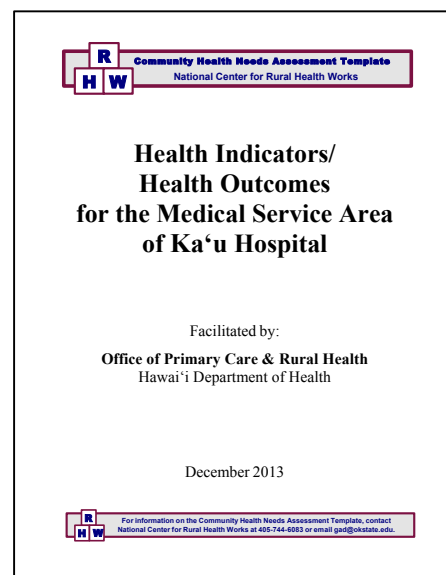


Table 10
Ka‘u Hospital Agenda for Community Meeting #3
Wednesday, December 18, 2013 at 12 pm

-
- I. Introductions – Marilyn Harris, Administrator, Ka‘u Hospital, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
 - II. Review of Meetings #1 and #2 – Scott Daniels
 - III. Collect Completed Community Health Survey Questionnaires – Gregg Kishaba
 - IV. Health Indicator/Health Outcome Data – Scott Daniels
 - V. Discussion of Health Indicator/Health Outcome Data – Scott Daniels
 - VI. Next Steps

Meeting #4, 12 pm, February 19

Table 11
Selected Health Behavioral Risk Factors
for the Puna/Ka'u Community, Hawai'i County, and the State of Hawai'i

	Puna/ Ka'u	Hawai'i County	State of Hawai'i
<i>Health Status</i>			
Poor or fair health - Adults reporting poor or fair health	20.0	15.3	14.8
Physical health not good - Adults with at least one physically unhealthy day in the past 30 days	41.0	35.8	33.0
Average number of physically unhealthy days in the past 30 days	5.5	3.9	3.4
Mental health not good - Adults with at least one mentally unhealthy day in the past 30 days	37.7	31.5	29.8
Average number of mentally unhealthy days in the past 30 days	4.2	3.3	2.9
<i>Health Care Access</i>			
Adults without any kind of health care coverage	16.0	13.0	10.4
Adults in the past 12 months unable to see a doctor because of the cost	14.2	11.4	9.3
<i>Seatbelt Use</i>			
Adults that report seldom or never using a seatbelt	2.5	2.6	3.5
<i>Physical Activity</i>			
Adults that did not participate in any physical activities/exercise in the past month, other than regular job	19.1	20.1	18.7
<i>Alcohol Consumption</i>			
Adults at risk of binge drinking (5+ drinks for men, 4+ drinks for women on an occasion)	16.7	21.1	18.2
Adults at risk of heavy drinking (more than 2 drinks per day for men, 1 per day for women)	7.8	10.7	7.4
<i>Tobacco Use</i>			
Adults that report smoking >100 cigarettes in their lifetime	52.6	46.9	40.2
Adults currently smoking	18.7	16.4	14.6
Adults who are aware of the Hawaii Tobacco Quitline (2011)	78.2	72.9	78.0
<i>Body Weight</i>			
Adults that are overweight or obese (Body Mass Index \geq 25)	56.3	58.6	56.0
<i>Fruits and Vegetables</i>			
Adults that eat fruits or drink 100% pure fruit juice 3 times or more per day (2011)	14.1	13.3	13.0
Adults that eat vegetables 3 times or more per day (2011)	17.0	20.5	19.3

Source: Hawai'i State Department of Health, Behavioral Risk Factor Surveillance System (<http://health.hawaii.gov> [December 2013]).

¹The medical service area for Ka'u Hospital most closely matches the Hawai'i State Department of Health's geographic definition of the Puna/Ka'u community, which is comprised of the zip codes 96749, 96760, 96778, 96771, 96785, 96718, 96777, 96772, and 96737.

Table 12
Selected Health Behavioral Risk Factors
for the Puna/Ka'u Community, Hawai'i County, and the State of Hawai'i

	Puna/ Ka'u	Hawai'i County	State of Hawai'i
<i>Immunization: Flu and Pneumonia</i>			
Adults that reported not receiving a flu shot or vaccine in the past 12 months	72.3	65.8	57.7
Adults aged 65 years and older that reported not having had a pneumonia shot	*	39.3	34.9
<i>Medical Conditions (percent of adults diagnosed by a healthcare professional)</i>			
Asthma	18.9	16.4	14.3
Chronic Obstructive Pulmonary Disease	5.3	3.8	3.6
Kidney Disease	5.0	4.4	3.6
Diabetes	10.2	8.7	7.8
Pre-diabetes or borderline diabetes	8.8	13.1	12.6
Myocardial infarction (heart attack)	4.6	4.3	3.3
Angina (coronary heart disease)	3.4	3.3	2.8
Stroke	2.9	3.1	2.9
High blood pressure (2011)	25.8	28.8	28.7
High cholesterol (2011)	38.3	35.4	37.0
Disability (limited in any way because of health problems)	27.4	19.9	16.3
Arthritis	22.5	22.9	20.3
<i>Medical Testing</i>			
Women aged 40 years and older that reported never having a mammogram	9.7	7.7	6.2
Adult women that reported never receiving a Pap smear	9.2	6.3	11.7
Adults aged 50 years and older that reported never having a blood stool test using a home kit	67.3	64.0	55.6
Adults aged 50 years and older that reported never having a colonoscopy or sigmoidoscopy	41.9	36.9	35.9

Source: Hawai'i State Department of Health, Behavioral Risk Factor Surveillance System (<http://health.hawaii.gov> [December 2013]).

*Sample size was too small to provide an accurate measure.

Table 13
Ka‘u Hospital Community Health Needs Assessment -
Health Issues Discussed on December 18, 2013

I. Reach out to Micronesian community on preventive health issues.

II. Outreach to community on prenatal care and screenings.

- a. Work with Department of Health to help schedule screenings.
- b. Reach out to isolated communities and communities that have barriers to access (culture, language, etc.)

III. Support exercise and wellness programs in the community.

- a. Work with organizations to develop and promote physical activity.
- b. Work with schools to promote after school activities for children.

IV. Support education on the importance of oral health to total health

- a. Work with organizations to develop programs.
 - b. Work with Department of Health, community health centers, and dentists to see what care can be provided.
-

Community Input Meeting #4

The agenda for meeting #4 is presented in **Table 14**. The main portion of the meeting was used to present results of the community health needs survey, **Report #4**. Each advisory committee member took surveys to the segments of the MSA population represented. In addition, the survey was made available on the internet via “SurveyMonkey.” A total of 211 completed surveys were returned. This survey asked the age of the respondent. Results of the age analysis indicated that the survey was representative of the MSA population.

Table 14
Ka‘u Hospital Agenda for Community Meeting #4
Wednesday, February 19, 2014 at 12 pm

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- I. Introductions – Marilyn Harris, Administrator, Ka‘u Hospital, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
 - II. Review of Meetings #1, #2, and #3 – Scott Daniels
 - III. Present Health Survey Results – Scott Daniels
 - IV. Develop Community Action Plan – Scott Daniels
 - a. List community health issues
 - b. Prioritize community health issues
 - c. Discuss possible resolution for health issues
 - d. Summarize community recommendations
 - e. Hospital Administrator Response – Marilyn Harris
 - V. Next Steps

Community Health Needs Assessment Summary Report will be available (website)

Hospital Board Action Plan will be prepared, distributed, and made available to the public (website)

Nineteen questions were asked in the survey. **Questions 18 and 19** lead to the most discussions at the meeting. **Question 18** is presented in **Table 15**.

In **Table 15** the two concerns that received the most responses were lack of doctors/primary care with 23.3% of the community mentioning this as a concern and the limited services/ability of the hospital with 11.6%. In **Table 16**, the need for more services at the hospital was again listed as what the respondents would like to see offered in the Ka‘u area.

The advisory committee discussed all survey responses and listed in **Table 17** the items that they considered as the most pressing issues and concerns.



	Community Health Needs Assessment Template National Center for Rural Health Works
Health Survey Results for the Ka‘u Hospital Service Area—Community Health Needs Assessment Process	
Facilitated by: Office of Primary Care & Rural Health Hawai‘i Department of Health	
February 2014	
	For information on the Community Health Needs Assessment Template, contact National Center for Rural Health Works at 405-744-6083 or email gaoi@statelibrary.edu .

Table 15
What concerns you most about health care in the Ka‘u Area?

Response	Number	Percent	Number	Percent
Primary Care			77	40.7%
Lack of primary care providers	44	23.3%		
Availability; i.e. wait time, getting an appointment, closed clinics, etc.	23	12.2%		
Alternative medicine; holistic, naturopathic, etc.	4	2.1%		
Pharmacy	4	2.1%		
Provider communication	2	1.1%		
Hospital			55	29.1%
Limited abilities; lack of equipment, modern technology, specialists	22	11.6%		
Emergency care; no surgery, distance to other facilities, cardiac/stroke	20	10.6%		
Quality of care	7	3.7%		
Facility; improvements, not enough beds	4	2.1%		
Physical Therapy	2	1.1%		
General Health Care Issues			34	18.0%
Transportation	14	7.4%		
Affordability	14	7.4%		
Loss of care due to facility shut downs	4	2.1%		
One answer responses	2	1.1%		
Specialty Care			23	12.2%
Lack of specialty physicians	21	11.1%		
Dialysis	2	1.1%		

Some respondents answered more than once.

Table 16
What services would you like to see offered in the Ka‘u Area?

Response	Number	Percent	Number	Percent
Specialty Physicians			93	43.1%
Physical therapy	19	8.8%		
Dialysis	19	8.8%		
Vision	9	4.2%		
OB/Midwifery	8	3.7%		
Cancer	6	2.8%		
More specialty care services	6	2.8%		
Mental health	5	2.3%		
Cardiology	4	1.9%		
Pediatrics	4	1.9%		
Gerontology	4	1.9%		
Podiatry	3	1.4%		
Two answer responses (Diabetes, Dermatology)	4	1.9%		
One answer responses	2	0.9%		
Primary Care			45	20.8%
More primary care providers	12	5.6%		
Holistic & alternative medicine	11	5.1%		
Dental	11	5.1%		
Urgent care	8	3.7%		
Pharmacy	2	0.9%		
Longer clinic hours	1	0.5%		
Hospital			42	19.4%
More radiologic imaging procedures; MRI, CT scan, ultrasound, X-ray, mammograms	24	11.1%		
Surgery; general and outpatient	5	2.3%		
Improved lab services	4	1.9%		
Acute care	3	1.4%		
One answer responses	6	2.8%		
Community			32	14.8%
Health education/Prevention/Fitness	18	8.3%		
Transportation	9	4.2%		
Home visits for elders and infants	2	0.9%		
Family counseling	2	0.9%		
Ho'oponopono	1	0.5%		
Provider Coordination/Collaboration			4	1.9%
More clinics	2	0.9%		
Integrative care	1	0.5%		
Another ambulance	1	0.5%		

Some respondents answered more than once.

Table 17
Ka‘u Hospital Community Health Needs Assessment –
Community Health Issues Identified by Advisory Committee at Meeting #4

- I. Start program to attract and retain primary care and specialty care physicians.
 - Community is open to nurse practitioners or physician assistants
 - Look into rotation of specialty physicians at Ka‘u Hospital (i.e. Cardiologist the first Monday of the month; Pediatrician the second and fourth Tuesdays of the month, etc.)
 - II. Develop and promote health education and fitness programs.
 - III. Many residents do not have transportation to Ka‘u Hospital or other health providers in Ka‘u area.
 - IV. Prenatal care is an issue in the area.
 - V. Need to do outreach to the Micronesian community.
 - VI. Assist people in applying for Medicaid programs.
 - Work with other agencies to accomplish this, e.g., Office on Aging
-

Community Health Need Recommendations and Implementation Strategies

Due to limited resources, the Ka‘u Hospital and Ka‘u community cannot address all issues identified in **Table 13** from Meeting #3 and **Table 17** from Meeting #4. The community advisory committee members were asked to identify and list their top priorities and discuss implementation strategies. The priorities identified and possible implementation strategies are:

Hospital Focused Issues:

Improve access to primary and specialty care

- Hospital will review our own clinic’s practices to improve access for our existing patients.
- Hospital will add primary care providers to match demand. Critical mass is needed to support additional providers.
- Hospital will investigate opportunities for telehealth to improve access to specialty care or opportunities to share our clinic space with visiting specialists.
- Explore options to bring some form of dialysis care to Ka‘u.
- Explore options to promote access to prenatal care in Ka‘u.

Improve access to physical therapy

- Hospital will build inpatient rehabilitation program pending ability to obtain therapy staff.
- Hospital will aim to provide outpatient physical therapy after hospital renovation creates additional outpatient space.

Improve access to more imaging services

- Further assess costs/benefits of additional imaging therapies, i.e., CT, ultrasound, mammograms. (Ka‘u Hospital currently has the ability to do emergency ultrasounds, but the community respondents were unaware of this.)

Community Health Issues:

Lack of transportation to care

- Advocate for improved transportation system or some kind of van transport.

Need for health education and fitness programs

- Hospital can work with their patient populations to promote these programs. Hospital to collaborate with other agencies in offering health education.

Outreach to the Micronesian community

- Due to the distance involved, many in the Micronesian community in Ocean View tend to go to the Kona side of the island for care.
- Improve access to translation services for Micronesian patients.